U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 10400

3. Name and address of person filing.

Name Damire / Hegesters

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number 0/8962

101/04 Through: 12/3/109

4. Name, file number, and address of labor organization.

Name Roserer Marion Local 11

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 15/7 Brown X'12 City Whiting a State N ZIP Code + 4 X 6394	Street 9838 W ROSSELETT Rd City West Chester State 111. ZIP Code+4 60152	
State ZIP Code + 4 X C J X	State / 1/1. ZIP Code + 4 60/5 2	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name - ~		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City -		
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Manage Floring Cities	
Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic penefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the bus ness vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	and with the companion of the companion
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City State ZIP Code + 4	
State ZIP Code + 4	<u> </u>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Dear Sir's

I was not gware of the requirement's for filling Form LM-30 for the Period Jan. 1-2004 thru

Dec. 31 2004. I do not have any record's or transcrious

that are reportable.

Thank your